

Case Study: Central Region 2016 Trauma Summit

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CASE SUMMARY

- 30 yo male involved in ATV crash arriving at initial facility (Level II Trauma Center) approximately 1430 hrs
- RUE Grade III elbow fx, significant degloving injury with transected brachial artery.
- No pulses distal to the injury.
- CTA at initial facility showed collateral circulation to hand.

CASE SUMMARY CONT'D

- 1715 call to CRMC requesting transfer
- 1728 - Transfer initially denied (attending TS) – suggested calling other facilities first, call back if unsuccessful.
- 1817 – CRMC called back – transferring facility had called 2 Level I's and a Level III facility – all denied transfer request
- CRMC accepts patient at this time

CASE SUMMARY CONT'D

- 1910 – Pt leaves referring facility via helicopter
- 2026 – Arrived CRMC ED
- 2115 – In OR with TSS, Ortho, and Vascular (approx. 7 hours post injury)
- Extensive soft tissue loss & contamination, transected median nerve in addition to brachial artery.
- Reverse saphenous vein graft, ex fix, debridement, return of pulses.

CASE SUMMARY CONT'D

- PLS involved with other team members - planned returns to the OR for wound debridement & coverage
- Pseudomonas & enterococcus wound infection
- Op notes state saphenous vein graft covered with small area of exposed bone – smaller on successive OR visits

CASE SUMMARY CONT'D

- ACT called for hypotension and active bleeding RUE
- Emergent unplanned return to OR
 - Pseudoaneurysm blow out
 - Graft patched with return of palpable radial pulse
- PLS not available for free flap coverage
- Transferred Level I Center for definitive graft/wound coverage

CASE SUMMARY CONT'D

- Pt d/c'd with successful coverage to home
- Continued f/u OP with Ortho, PLS
- Doing well

INDIVIDUAL/SYSTEM PI

- Case was reviewed at individual Trauma Centers w/i Central Region
- Referred to Central Region System Peer Review

INDIVIDUAL/SYSTEM PI CONT'D

- Opportunities identified during the review:
 - Patient should have been accepted CRMC initially
 - Transferring facility should have shunted patient prior to transfer for definitive care
 - Level III center – vascular accepted, TSS denied – Could/should have accepted to at least get shunted
 - Transfer for definitive graft coverage from CRMC to other center should have occurred sooner
 - Prior to TQIP Guideline/PI indicator published

Some Other Considerations?

- Designation vs verification required in California State System?
- When a facility does not have a capability (temporarily or for longer timeframe) should a system plan/discussion occur in advance?
- What does “no capacity” mean?
- Transfer denial PI referral go to the other TC's in the other region?

At the end of the day.....

